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APPLICANTS

Roger Massengale, Mission Viejo, CA;
 Kevin M. Forrest, Rancho Santa Margarita, CA;
 Bill Porter, Carlsbad, CA;
 Donald M. Earhart, Irvine, CA;
 Alan Dine, Pleasant Plain, OH;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY **
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and /CHRISTOPHER KOHARSKI/ Acknowledged			CA	10	24	4
	Examiner's Signature	Initials				

ADDRESS

KNOBBE MARTENS OLSON & BEAR LLP
 2040 MAIN STREET
 FOURTEENTH FLOOR
 IRVINE, CA 92614
 UNITED STATES

TITLE

Fluid medication delivery device

FILING FEE RECEIVED 659	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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